

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 12/22/2010
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445128	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/20/2010
NAME OF PROVIDER OR SUPPLIER NHC HEALTHCARE, OAK RIDGE			STREET ADDRESS, CITY, STATE, ZIP CODE 300 LABORATORY RD OAK RIDGE, TN 37831		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS 42 CFR 483.70(a) K3 BUILDING: 1-story Type II(222), unprotected, non-combustible construction with a complete automatic sprinkler system. K6 PLAN APPROVAL: 1979 K7 SURVEY UNDER: 2000 EXISTING K8 SNF/NF	K 000			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure fire extinguishers complied with the hydrostatic test requirements of NFPA 10-5.2). The findings include: Observation and interview with the Maintenance Director in the kitchen, on December 20, 2010 at 11:45 am confirmed no 5-year hydrostatic test was performed on the stainless steel K-class portable fire extinguisher located in the kitchen.	K 064	1. Stainless steel K-Class portable fire extinguisher was replaced on 12-30-10. 2. This is the only extinguisher of this type. 3. This K-Class extinguisher will be tested every 5 years. 4. Director of maintenance will ensure that K-Class extinguisher is tested every 5 years.	12-30-10	
K 073 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to assure combustible decorations	K 073	1. All Christmas decorations and artificial plants will be treated with fire retardant. 2. All decorations will be treated and tagged when they are taken down.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

[Signature]

1-7-11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

JAN 07 2011

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K 073	Continued From page 1 and floral arrangements were fire retardant (NFPA 110, 19.7.5.4). The findings include: Observation and interview with the Maintenance Director, on December 20, 2010 between 10:00 a.m. and at 2:00 p.m. confirmed the holiday decorations an artificial plants through out the facility were not treated or documented having been treated with a fire retardant.	K 073	3. All new decorations will be treated and tagged before use. 4. Maintenance director will ensure all facility Cristmas decorations are treated and tagged.	1-14-11	

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JAN 07 2011